



CITY OF SOUTH TUCSON SIGN PERMIT APPLICATION
1601 SOUTH 6TH AVENUE
(520) 792-2424 EXT 313
(520) 628-9619 FAX

APPLICANT: _____

ADDRESS: _____

ADDRESS/LOCATION OF PROPOSED PERMIT ACTIVITY:

PROPERTY OWNER'S NAME, ADDRESS AND TELEPHONE NUMBER:

NUMBER OF TOTAL SIGNS _____

TOTAL SQUARE FOOTAGE OF EACH INDIVIDUAL SIGN:

ESTIMATED VALUATION OF WORK: \$ _____

CONTRACTOR: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

REQUIRED/CITY OF SOUTH TUCSON BUSINESS LICENSE: # _____

UNDER PENALTY OF PERJURY I/WE DECLARE THAT THE INFORMATION IN THIS DOCUMENT IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE AND DATE ABOVE

(OFFICE USE ONLY)

Sign Permit Information:

Permit # _____

Date Issued _____

Commercial _____

Residential _____

Permit Fee _____

Receipt # _____

Clerk _____